

TAB D

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**ONCOLOGY THERAPEUTICS NETWORK:
DUPLICATE INVOICE**Printed On: 09/18/2006 14:49:23 PST
Printed By: Mary Seguire
CONFIDENTIALInvoice No: 10197474
www.Lynx2OTN.com
1-800-482-6700OTN
395 Oyster Point Blvd, Suite 500
South San Francisco, CA 94080
1-800-482-6700

www.Lynx2OTN.com

BILL TO
Howard Roob
Louis A. VanderMolen Jr MD
455 Old Newport Blvd, Ste 200
NEWPORT BEACH, CA 92663

INVOICE DATE 12/02/2002	PURCH ORDER NO	INVOICE NO 10197474
CUSTOMER NO 200025	ACCOUNT NO 45404600046	DATE INVOICED 12/02/2002
ORDERED BY Ellen Youngs	ORDER TAKEN BY Ellen Bedell	SALES ORDER NO 6645074
SHIP TO Ellen Youngs Orange Coast Onc Hem Associates 300 Old Newport Blvd. NEWPORT BEACH, CA 92663		SHIPPED VIA See Packing Slip
		DATE SHIPPED 12/02/2002
		TERMS 2% DIRECT

CATALOG NO & NDC	PRODUCT DESCRIPTION & SIZE	QTY SHIPPED	UNIT PRICE	SALES TAX	PRICE EXTENSION
201-120 00075-8001-20	Docetaxel 20 MG/0.5 ML Solution 20 MG Taxotere IV (S.D.V. W/DILUENT)	20	\$262.70	\$0.00	\$5,254.00
223-400 59676-0310-01	Epoetin Alfa 10,000 U/ML Solution 10000 UNIT Procrit IJ (VIAL)	12	\$102.71	\$0.00	\$1,232.52
803-110 55390-0133-01	Cytarabine 1 GM Powder for solution 1000 MG Cytarabine IJ (VIAL)	3	\$15.50	\$0.00	\$46.50
803-120 55390-0134-01	Cytarabine 2 GM Powder for solution 2000 MG Cytarabine IJ (VIAL)	10	\$32.00	\$0.00	\$320.00
801-475 00075-1056-94	Fluorouracil 50 MG/ML Solution 5000 MG Adrucil IV (VIAL)	5	\$11.50	\$0.00	\$57.50
900-050 00173-0442-00	Ondansetron HCl 2 MG/ML Solution 40 MG Zofran IJ (M.D.V.)	3	\$166.66	\$0.00	\$499.98
900-050 00173-0461-00	Ondansetron HCl 32 MG/50 ML Solution 32 MG Zofran IV (PREMIXED BAG)	6	\$110.08	\$0.00	\$660.48
00024-0597-04	Oxaliplatin 100MG Lyophilized Pwd 100 MG Eloxatin IV PRES.-FREE SDV INJ	6	\$1,622.96	\$0.00	\$9,737.76
223-700 50242-0051-21	Rituximab 10 MG/ML Solution 100 MG Rituxan IV (S.D.V.,P.F.)	10	\$403.48	\$0.00	\$4,034.80
MIS-007 LXOL-25-DISC	Lynx-Online Discount (0.25%)	1	-\$54.61	\$0.00	-\$54.61
				TOTAL TAX AMT:	\$0.00
				TOTAL INVC AMT:	\$21,788.93

INVOICE STATUS: Closed (\$21,353.15 Received as of 09/18/2006)**PAYMENT TERM DISCOUNTS APPLIED:** -\$435.78**PAYMENTS:** (57946: \$21,353.15 Applied)

Buyer acknowledges that it is responsible for fully and accurately reporting to the reimbursing agency any discounts on any item that is separately charged for payment under Medicare, Medicaid, or any other federally funded state health care plan. Buyer also acknowledges that upon request by the Department of Health and Human Services or a state health care agency, it is responsible for providing the requesting agency with information regarding such discounts.

FINANCE CHARGES: Purchases that remain unpaid past their due date incur finance charges based on the outstanding balance calculated and prorated from the due date until paid. OTN Choice Customers incur finance charges based on the outstanding balance charged at a rate of 1% on the first late day and every 30 days thereafter. For either method, the maximum Annual Percentage Rate ("APR") is 12% or, if lower, the maximum rate permitted under applicable law.

Defendants' Exhibit

2593

01-12257-PBS